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ABSTRACT

This book presents a framework to serve as a foundation for the total process of health curriculum development. It may be used to: (1) plan courses of study; (2) explore interrelationships between and among content areas within the school health instruction program; and (3) enhance continuity and articulation within the total school health program. It is divided into ten major sections: (1) personal health; (2) family health; (3) nutrition; (4) mental-emotional health; (5) use and misuse of substances; (6) diseases and disorders; (7) consumer health; (8) accident prevention and emergency health services; (9) community health; and (10) environmental health. (JD)

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Health Instruction Framework

for
California
Public
Schools



CALIFORNIA STATE DEPARTMENT OF EDUCATION/Wilson Riles, Superintendent of Public Instruction/Sacramento, 1978

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Health Instruction Framework

for California Public Schools
Preschool Through Young Adult Years

Prepared by the
Curriculum Framework Criteria Committee on Health

Adopted by the
California State Board of Education

Publishing Information

When the *Health Instruction Framework* was adopted on March 11, 1977, the members of the California State Board of Education were Marion W. Drinker, President; Michael W. Kirst, Vice-president; John R. Ford; Louis Honig, Jr.; Patricia D. Ingolia; Virla P. Krotz; Nancy Reeves; Lorenza C. Schmidt; Tony N. Sierra; and Lenore Wax.

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Foreword

Recently, a five-year-old child in one of our kindergarten classes was being observed as he fingerpainted. His brow was furrowed and his fingers were flying as he spread paint on the paper. Then some adult asked, "What is it?"

The child continued without missing a stroke and replied, "It's a possibility."

A health framework is a possibility. It is up to every teacher, every parent, and every professional health person in the community to recognize the potential inherent in this framework and to give it meaning. A framework is a "possibility," not a collection of legal statutes. The framework provides broad minimum standards and guidelines for health instruction, but it is up to our local school districts to develop programs which best fit the needs of the children in our communities.

Let us consider for a moment where we are in this matter of health:

- Drug use and abuse continue at high rates and create critical problems for us. Alcohol is currently the drug most used and abused by high school students. While the use of tobacco is declining among adults, it is increasing among teenagers, particularly teenage girls.
- Suicide is the second most frequent cause of death of persons between fifteen and twenty-four years of age in California. The rate has doubled in the past ten years.
- In 1975 over 30,000 cases of gonorrhea affecting youngsters under nineteen were reported. During the same period, over 800 cases of syphilis were reported for those under nineteen years of age. No one who hears that 176 of those cases of venereal disease occurred in children under ten can doubt the need for early health instruction.
- Ninety-five percent of the population of California is estimated to have dental decay.
- It is estimated that Californians spend \$3 billion annually on medical and dental bills because of health problems related to poor nutrition and, in particular, to increased sugar intake.
- The effects of air, water, and noise pollution are becoming increasingly evident and are being linked to an increasing number of diseases and disabilities.
- Another problem of growing concern is the problem of worsening mental and emotional health. Over 10 percent of our population now suffers from mental and emotional problems.

When we hear these dismal statistics, we recognize the need for a more comprehensive kind of health instruction than we have had. In the past it was assumed that once students had the necessary facts they would make intelligent decisions. We know from the data I just cited that that was a poor assumption.

Good health is more than the absence of disease. One's health determines the very quality of life. Health has so many interrelated dimensions we cannot consider any one aspect alone. In the past we tried to do that. We rallied our forces against whichever crisis cried loudest for attention; drug abuse and venereal disease are only the most recent.

Health instruction under this new framework requires us to create a curriculum which encourages the development of self-awareness, decision making, and action. It covers the multidimensional aspects of health. The instruction must be based on a curriculum of an orderly sequence of learning experiences; and the teachers must help children examine the ever-changing relationships of physical, mental, emotional, and social forces which affect

them as they grow from childhood to maturity. Therefore, teachers must be given special training in health education.

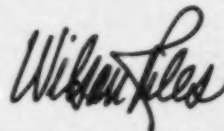
When the emphasis of education is on the needs of the individual child rather than on the needs of the educational system itself, then we can help all children succeed. That is why we have a comprehensive program of reform in California.

To me, reform does not mean piecemeal innovation or short-term modification of our educational system. Reform means creating a system for helping every child to succeed by providing him or her with an educational system suited to his or her unique talents, abilities, and needs.

Reform means creating a system for helping every child to succeed by making certain that parents, teachers, administrators, and professional health personnel are involved as a team in program development; in this way decisions concerning a particular child's program will be made as close to that child as possible.

Reform means creating a system for helping every child to succeed by making certain that there is clear recognition and acceptance of responsibility for success—by the child, the parents, the school, the district, and the state.

Reform means creating a system for helping every child to succeed by providing adequate resources to do the job. This framework is one of those resources.

A handwritten signature in dark ink, appearing to read "Wilson F. Lee". The signature is fluid and cursive, with the first name "Wilson" being more prominent than the last name "Lee".

Superintendent of Public Instruction

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Background and Acknowledgments

In December of 1975, on the recommendation of the Curriculum Development and Supplemental Materials Commission, the California State Board of Education recommended that the Curriculum Framework Criteria Committee on Health draft a new framework in health education for the public schools of California.

Earlier, in September of 1975, the Curriculum Framework Criteria Committee on Health had been appointed by the commission for a two-year period. The first major charge given to the committee was to undertake, in a joint effort with the California State Department of Education, a field survey to evaluate the 1970 edition of the *Framework for Health Instruction in California Public Schools* and to determine if the framework should be revised. In order to respond to the charge before December of 1975, the committee:

- Sponsored two hearings, one in northern California and another in southern California
- Reviewed data from a summer survey conducted by the subject matter committee (health) of the California Curriculum Development and Supplemental Materials Commission
- Distributed a field survey questionnaire to representative professionals in schools, offices of county superintendents of schools, teacher training institutions, and community agencies

Based upon the advice from those in the field, the committee unanimously recommended to the commission that the 1970 edition of the framework be redrafted by the committee and submitted to the State Board of Education by November 1, 1976. At the December 12, 1975, meeting of the State Board, the committee's recommendation was approved. Thus, the second major charge to the committee was set forth.

During the period from December, 1975, through September, 1976, the framework was redrafted. A brief explanation of the developmental processes is presented in the preface. Hundreds of interested and concerned individuals and organizations throughout the state participated in the process, and their sincere and dedicated efforts, often under constraints of limited time and financial resources, are deeply appreciated. It would be impossible to thank all who have contributed to this significant work. However, special gratitude is extended to the members of the Curriculum Framework Criteria Committee on Health, the staff to the committee, consultants to the full committee, consultants to the subcommittees, and to the individuals and panels who conscientiously field-tested this framework (see Appendix A). The men and women who served as field reviewers represented various ethnic groups, occupations, ages, and geographic localities. They came from both health and education fields. Physicians checked the document for its medical accuracy.

While some citizens gave generously of their valuable input for the redrafting of the framework, others labored long hours to utilize effectively this input, which often reflected very diverse characteristics. Herein lay the real challenge for the framework committee. Each contributor acted in good faith. In this respect, the committee is especially indebted to its writer for the fairness she demonstrated in carefully weighing all the suggestions for the framework.

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Preface

In preparing the *Health Instruction Framework for California Public Schools*, the Curriculum Framework Criteria Committee on Health followed the guidelines outlined in *California Curriculum Frameworks: A Handbook for Production, Implementation, and Evaluation Activities*, which was approved by the State Board of Education in 1976. Within the context of those guidelines, the health framework will serve many purposes; for example, it will serve as a:

- Structure within which local school districts plan and develop their courses of study
- Guide for offices of county superintendents of schools and local school districts in evaluating health curriculum and instructional programs
- Basis for the development of criteria for the selection of instructional materials in health
- Foundation for inservice training programs in health education

However, this framework was not designed as an instructional guide for classroom teachers.

This framework complies with the provisions of sections 51002, 60028, and 60204 of the California Education Code. (See Appendix B, Selected References, for the cross reference to the old Education Code section numbers.) The intent of Education Code Section 51002, passed by the California Legislature in 1968, is to reinforce local school district authority to evaluate, modify, and improve the curriculum and, at the same time, to recognize some commonality of curriculum. Section 60028 defines a *curriculum framework*, and Education Code Section 60204 identifies the roles of the Curriculum Development and Supplemental Materials Commission; the Legislature passed both of these Education Code sections in 1972.

The California State Board of Education adopted policies, based upon Education Code Section 51002, for the development of curriculum frameworks in subject areas commonly taught in the public schools. Health education is one of the subject areas. To produce the health framework, the Board (1) followed established policies regarding the development of frameworks; (2) authorized the development of the *Health Instruction Framework for California Public Schools*; and (3) adopted the framework for use in California's public schools.

According to Education Code Section 60204, the Curriculum Development and Supplemental Materials Commission "shall recommend curriculum frameworks to the state board." To produce this curriculum framework, the commission (1) established the Curriculum Framework Criteria Committee on Health and appointed its members; (2) provided guidelines for the production of this framework; (3) approved this framework; and (4) recommended to the State Board of Education that the framework be adopted.

As discussed in the "Background and Acknowledgment" section of this document, the Curriculum Framework Criteria Committee on Health determined that the 1970 edition of the framework should be redrafted. In making that assessment, the committee obtained new data from a series of fact-finding activities that identified the framework's strengths and weaknesses. In addition the committee (1) determined the health needs of children and youth in California public schools; (2) reviewed the current literature in health education; (3) studied applicable learning theories; (4) considered critical health issues; (5) observed successful school health education programs; and (6) identified trends in the field of health education.

After analyzing the new data, the committee (1) prepared, with the assistance of consultants, the material for this framework; (2) employed a writer to compile the

component parts of the framework into a single edition for field review; (3) conducted a field review; (4) directed a writer to rewrite and revise the document based upon feedback received from the field-review process; and (5) approved, after further modifications, the redrafted version of the framework and presented it to the Curriculum Development and Supplemental Materials Commission.

The nature of the curriculum framework permits it to serve as a foundation for the total process of curriculum development. Further decision making is left to the discretion of local school districts. For example, the framework may be used to (1) plan courses of study, including instructional objectives, concepts, suggested learning activities, resource materials, evaluation, and follow-up for health instruction; (2) explore interrelationships between and among content areas within the school health instruction program; and (3) enhance continuity and articulation within the total school health program.

Earlier in this preface the roles of the California State Board of Education, the Curriculum Development and Supplemental Materials Commission, and the Curriculum Framework Criteria Committee on Health were listed in relation to the development of this framework. These same three organizations also had parallel responsibilities for developing the criteria used for evaluating instructional materials in health, which were adopted in 1977. This framework served as the basis for the development of the criteria, and the criteria were used as a standard in selecting the state-adopted instructional materials in health education. The adopted materials are presented in a guide, which is now available to offices of county superintendents of schools and local school districts for school personnel to use in selecting appropriate health education instructional materials for their students.

During the period that this framework was being written, those involved expressed repeatedly their deep concerns about its implementation. In response to those concerns, the California State Board of Education, the Curriculum Development and Supplemental Materials Commission, and the County Superintendents State Steering Committee on Curriculum Development and Publications have given serious attention to the implementation process as it relates to the production and evaluation of frameworks. However, as this framework suggests in several places, the work that needs to be done to implement the type of health education program outlined in this document rests primarily in the hands of those who are responsible for the instructional programs in the school districts of California. Therefore, we ask that you with these responsibilities not only examine this document carefully but also use the framework as the foundation for your health education programs. Therefore, we ask that those of you who have these responsibilities not only examine this document carefully but also use the framework as the foundation for your health education programs. In addition you may find another recent Department publication helpful; its title is *Criteria for Evaluating the School Health Education Program*, and information for ordering the document appears on page 72.

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Introduction to the Framework

In this section, which complies with the outline for curriculum frameworks, the role of the health subject area in the curriculum is stated and its relationship to other subject areas is discussed. Applicable state codes are listed, and recent developments and trends in health are illustrated.

Role of Health Instruction in the Curriculum

Within the total school curriculum, the role of health instruction is to assist students to develop their potential for assuming increasing responsibility for their health and the health of others. Those who provide instructional leadership must offer equal learning opportunities for both sexes, for all ethnic and socioeconomic groups, and for the handicapped.

Successful health instruction programs have the capability of:

- Fostering learning in the school-community environment
- Encouraging appropriate utilization of the health care system
- Favorably influencing expenditures for health and for education on a long-term basis
- Enhancing the quality of life for both present and future generations
- Contributing to a stronger and healthier nation and state

Relationship of Health to Other Subject Areas

The California Education Code Section 51210 states that "the adopted course of study for grades 1 through 6 shall include instruction, beginning in grade 1 and continuing through grade 6, in . . . health, including instruction in the principles and practices of individual, family, and community health." However, no mention is made of the appropriate relationships of health to other subject areas listed within the course of study.

The courses of study for grades seven through twelve, as described in Education Code Section 51220, do not include health as one of the courses that shall be offered. However, a course of health "may be prescribed by the governing board." Furthermore, instruction in health is required at both the elementary and secondary school levels. (See Education Code Section 51202.)

The significant fact is that most of the health content areas are mandated by the state, and these areas should be effectively interrelated with each other and with other curriculum areas. Questions of kinds of interrelationships with other subjects are not answered in this framework. Responses to these questions remain the prerogative of local school districts. Much rests, therefore, with the quality of local school district leadership.

Legal Basis for Health Instruction

The California Education Code and Title 5 of the California Administrative Code provide a legal basis for health instruction in California public schools. For listings of applicable code sections, see Appendix B, Selected References. This appendix also provides a cross reference of the old Education Code section numbers to the new numbers cited in this framework. The newly organized and numbered code became effective on April 30, 1977.

Recent Developments and Trends

For the subject of health to be a dynamic force in the lives of young people, instruction must be reflective of an ever-changing society and environment. To illustrate this point, examples of recent developments and trends are provided:

- Greater emphasis is placed on (1) acquisition of skills for individual responsibility for health; (2) protection and effective use of human and ecological resources; and (3) the total life cycle from conception to death.
- Higher priority is placed on (1) development of self; (2) wellness as a life-long personal investment; (3) care for others for whom we are responsible; (4) service to the community; (5) human services for all people, including new preventive and lifesaving measures; and (6) consumer rights.
- New discoveries have been made in human genetics pertaining to (1) diagnosing prenatally certain birth defects; and (2) reversing the aging process.

A Philosophy for Health Education in California Public Schools

Individual Health

Healthy individuals are essential for an effective society. To achieve optimal health, an individual needs a breadth of knowledge about health and, more important, the motivation necessary to apply that knowledge to daily living. The individual needs to understand that information related to health is changing rapidly and must be validated continuously.

Individual Responsibility

Individuals in today's society should realize that it is important to assume responsibility for their own health, as well as for the health of their family and community.

Basic Understandings

In order to cope intelligently with various health problems, certain basic understandings are needed:

Basic Understandings Regarding Health

- Health is a state of physical, mental-emotional, and social well-being. It is dependent upon and is influenced by the interactions of these factors within the context of the individual's culture and ethnic background, values, life-style, and physical and mental make-up.
- Health is dynamic, ranging over an ever-changing continuum from wellness to disabling conditions to death.
- Health affects everything individuals do and the way they feel about themselves, others, and their environment.

Role of the School in Education for Health

- The school shares responsibility for education about health with the home and the community.
- One of the school's roles is to provide a health instruction program. The curriculum for this program is sequential from preschool through high school and is flexible to meet changing health needs and technology.
- The curriculum for an effective health instruction program will:
 1. Emphasize health as a high value in one's personal life.
 2. Motivate individual development of critical and rational thinking, decision making, and problem solving.
 3. Support personal health as a means of enabling individuals to achieve their highest potential.
 4. Motivate the individual to seek health information as it is needed.
 5. Aid the individual in becoming aware of the many available resources that help protect and promote well-being.
 6. Provide the students with sufficient information and resources pertaining to the functioning of their own body, mind, and environment to enable them to make rational and informed decisions.
 7. Increase skills in the selection and use of health products and services.
- Persons who are responsible for health instruction will:
 1. Have preservice and inservice preparation in health education.
 2. Show respect for the values and traditions of students from a variety of family, religious, and cultural backgrounds.

3. Build the program upon democratic values and principles.¹
4. Protect the rights of individual students and their families, avoiding invasion of their privacy.¹
5. Select methods of teaching that are appropriate to the developmental levels of the students and to the content areas being studied.

Mission of Health Instruction

The mission of the health instruction program is to enable students to become health-educated individuals. As informed individuals take the responsibility for incorporating scientific knowledge into their daily health practices, they may assume a responsible role in society, promoting community health and practicing conservation of human resources.

¹Refer to the *Handbook on the Legal Rights and Responsibilities of School Personnel and Students in the Areas of Moral and Civic Education and Teaching About Religion*. For a full bibliographical entry, see Appendix B.

Goals of Health Instruction

To promote the mission of health instruction, this framework contains two types of goals:

1. Broad multidisciplinary goals (process goals)
2. Content area goals¹

Definition of Broad Multidisciplinary Goals

The three broad multidisciplinary goals are directed toward the fostering of process skills that promote optimal growth of learners, provide opportunities for self-actualization, and motivate the highest values (see Figure 1). The health instructional program is planned to enable students:

- To grow in self-awareness. The student should be provided opportunities to develop a positive sense of identity and self-esteem so that the learners' self-concepts may be enhanced, not damaged, and so that they may experience success, not failure.
- To develop skills for effective decision making. Such process skills involve the ability to recognize and clarify problems; to reason critically and creatively in developing and evaluating alternative solutions; and to choose and affirm solutions based on a system of values.
- To grow in coping action. Coping behavior has to do with the ability of the individual to get along effectively in the world. To cope effectively means not only to possess the competencies to deal positively and creatively in handling life situations but also to be open or accepting of new experiences, to interact in resolving problems, and to participate through social action in the planning of new environments.

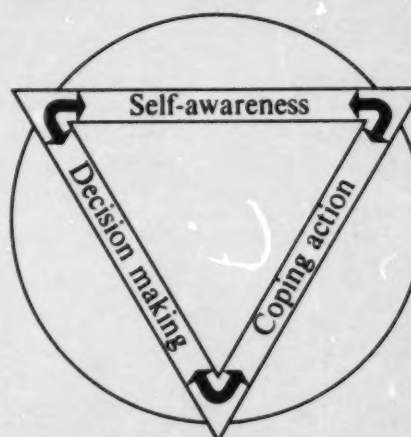


Fig. 1. Logo illustrating the interrelatedness of the three multidisciplinary goals

Definition of Content Area Goals

The content area goals are directed toward the attainment of the subject matter within each content area. The content area goals are defined as the general statements of intent associated with each content area.

Implementation of Goals

Both the broad multidisciplinary goals and the content area goals are implemented through selected learning experiences within the content areas of health instruction. For more details on this subject, refer to the sections in this framework titled "Integration of the Broad Multidisciplinary Goals into Health Instruction," page 17, and "Content Areas of Health Instruction," page 19.

¹See Appendix C, Glossary of Terms, for definitions of the key words and phrases used in this framework.

Integration of the Broad Multidisciplinary Goals Into Health Instruction

A meaningful health instruction program requires that the teacher assess characteristics, health needs, and interests of students in relation to the developmental stage at which learning is taking place. Students come to school with different concepts, skills, and value systems. Value systems, ethnic background, perception of self, personal goals, and group pressures are some of the influences that affect the student's openness to changing behaviors.

The challenge to the teacher is to identify and be attentive to the numerous factors that influence behavior change. The focus of concern may be for information about the individual student or the status of the group as a whole.

The information gathered from the needs assessment becomes useful in developing health content and learning experiences. Important, and in concert with the content, is the careful blending of the process skills to assist students in making decisions with respect to themselves, others, and the environment.

The health instruction curriculum should be so designed that each learning experience integrates within the three broad multidisciplinary goals, which were described earlier in this publication and are also defined in Appendix C, Glossary of Terms: self-awareness, decision making, coping action.

A beginning approach in planning is to identify the essential aspects of learning to be brought together under each goal, such as the following:

- *Self-awareness*

1. Concepts of self
2. Concepts of society
3. Concepts of health (Provide the knowledge essential to understanding of one's self and place in society which leads to self-awareness.)

- *Decision making*

1. Intellectual (rational thinking) skills
2. Problem solving
3. Choosing from alternatives
4. Relation to value system
5. Critical thinking processes

- *Coping action*

1. Social behavior of individuals and groups
2. Attitudes and values which guide behavior, including the valuing process
3. Work-study skills (preparation for effective action)
4. Initiating action (to deal positively and creatively in managing life situations)

The integration of a problem statement within the three broad multidisciplinary goals is presented graphically in Figure 2. In studying Figure 2, a person should ask the following questions in a systematic manner:

1. What does the student need to know about health issues, problems, and concerns? (self-awareness)
2. What processes of reasoning, problem solving, and valuing must be used by the student in studying issues, problems, and concerns? (decision making)

3. What behavioral changes should one be able to observe when issues, problems, and concerns have been processed and learning has taken place? (coping action)

Specific problem statements for integration within the three broad multidisciplinary goals are presented graphically in figures 3 and 4. These goals are behaviors that speak to the changes anticipated in students. As each problem statement is viewed in relation to the goal and the maturity level of students, this question should be asked, "What can we have students do?"

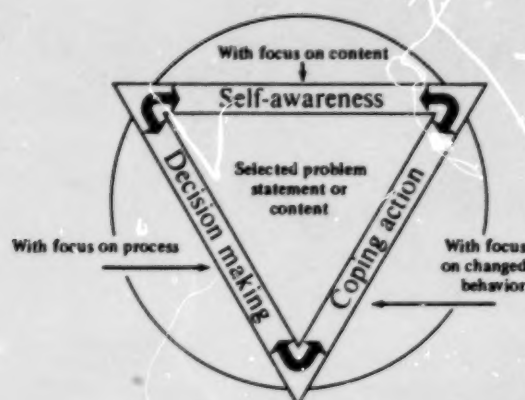


Fig. 2. Integration of a problem statement within broad multidisciplinary goals

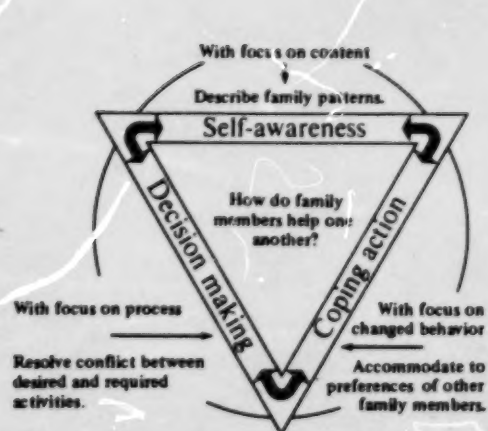


Fig. 3. Integration of a problem statement regarding family members

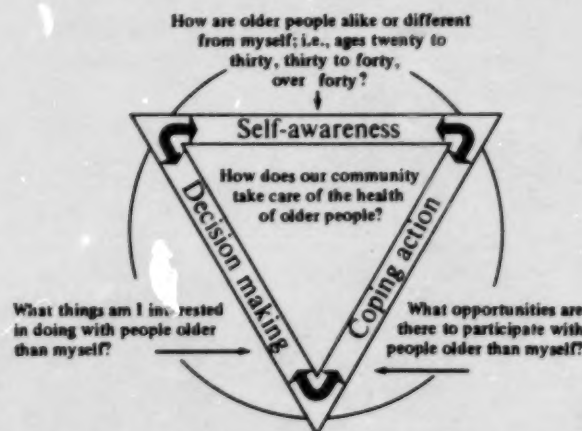


Fig. 4. Integration of a problem statement regarding health of older people

Content Areas of Health Instruction

This framework includes the following content areas of health instruction, each of which is defined in Appendix C, Glossary of Terms:

- I. Personal Health
- II. Family Health
- III. Nutrition
- IV. Mental-Emotional Health
- V. Use and Misuse of Substances
- VI. Diseases and Disorders
- VII. Consumer Health
- VIII. Accident Prevention and Emergency Health Services
- IX. Community Health
- X. Environmental Health

In reviewing the list of content areas, it will be observed that the initial focus is upon individuals first relating to themselves, then moving into interrelationships with others and their ever-expanding environment. However, the order in which the content areas are presented does not necessarily indicate their relative importance.

Each content area presented in this framework contains the following elements:

- Numeric identification
- The name of the content area, which identifies its nature
- The logo that displays the broad multidisciplinary goals within the content areas
- A statement of content area goals
- A list of selected concepts, each identified by appropriate topical headings
- Illustrative objectives and accompanying designations to the broad multidisciplinary goals of self-awareness (SA), decision making (DM), and coping action (CA)

By design the objectives are not stated as specific measurable objectives since they set no standards of performance.

- Developmental levels and age categories of the learners to be served

The concepts appear on the even-numbered or left-hand pages that follow and are listed vertically down the page. Each concept relates horizontally across the page to each of the developmental levels from left to right. Illustrative objectives are entered in the matrices where concepts and developmental levels intersect. Key words and phrases that appear in the framework are defined in the Glossary of Terms, Appendix C.

I. Personal Health

Content Area Goals—Students will:

- Develop the understanding that throughout an individual's life cycle a continuing relationship exists between personal behavior and wellness.
- Make decisions for obtaining and utilizing appropriate information and services that promote their personal health.
- Develop personal practices related to exercise, rest, posture, care of eyes and ears, oral health, and disease control which contribute to wellness.

Concepts	Illustrative objectives, according to	
	Preschool (ages three–five)	Early childhood (ages six–eight)
A. Wellness Wellness is more desirable than illness and demands a life-long investment.	Describe own feelings when well. (SA) Relate symptoms that might indicate illness. (SA, CA) Discuss feelings of acceptance toward self and others with handicaps. (SA, CA)	Assess their personal health habits. (SA) Explain personal health habits that might contribute to different levels of wellness. (SA, DM) Identify ways in which handicapped persons are similar to nonhandicapped persons. (SA, DM)
B. Physical Fitness and Cardiovascular Health 1. A balanced program of physical activities, rest, recreation, and adequate diet contributes to fitness and cardiovascular health. 2. Persons of all ages may be afflicted with cardiovascular disorders which may be caused by many factors and, in some cases, can be treated.	Follow regular routine of adequate physical activity, rest, and sleep to promote optimal growth and fitness. (SA, DM, CA) Show awareness that people of all ages have cardiovascular disorders. (SA)	Participate in a well-rounded program of activities that promote strength, agility, coordination, and physical development. (SA, CA) Relate increased physical activity to the increase of the pulse and breathing rates. (SA, DM) Tell of ways to help prevent cardiovascular disorders. (SA, DM)

NOTE: The applicable California Education Code sections for the personal health content area include 51202 and 51210. For further information regarding the Education Code, see Appendix B, Selected References, which includes a cross reference to the old Education Code section numbers.



developmental levels of students¹

Preadolescent (ages nine–eleven)	Adolescent (ages twelve–fifteen)	Young adult (ages sixteen–eighteen)
Relate how health is affected by daily health practices and prompt attention to symptoms of illness. (SA, DM, CA) Cite variations in levels of wellness attainable by individuals. (SA, DM) List a broad range of disabling conditions. (SA, DM)	Recount situations in which immediate gratification is suppressed for future health benefits. (SA, DM, CA) Relate life-styles to lifelong health status. (SA, DM) Propose ways to help provide opportunities for persons with handicaps to lead productive lives. (SA, DM, CA)	Relate wellness to the quality of life and to longevity as they affect life values and goals. (SA, DM) Recognize that levels of health are constantly changing and are influenced by an individual's attitudes and actions. (SA, DM) Appraise the services of qualified personnel and health agencies that may assist handicapped persons. (SA, CA)
Share information about the structure of the body and how it works. (SA) Describe contributions of physical activities to the improvement of muscle tone and cardiovascular fitness. (SA) Identify high risk factors to reduce cardiovascular disorders. (SA, DM, CA)	Identify ways in which physical fitness contributes to physical, mental, and social health. (SA) Participate in a program of physical activities to meet individual needs. (SA, DM, CA) Analyze various heart, lung, and circulatory disorders and the effects on the cardiovascular system when a system component fails. (DM)	Formulate a balanced program for physical fitness that reflects the need for regular exercise throughout adult life. (SA, DM, CA) Appraise recent research findings on cause and prevention of heart, lung, and other circulatory disorders. (SA, DM) Evaluate the direct and indirect costs of cardiovascular disease and premature death. (SA, DM)

¹In each illustrative objective, the subject is "students." Applicable broad multidisciplinary goals are related to each illustrative objective, and are identified by the appropriate abbreviation: SA, for self-awareness; DM, decision making; and CA, coping action. See Appendix C, Glossary of Terms, for definitions of these terms and other key words used in this framework.

I. Personal Health (Continued)

Concepts	Illustrative objectives, according to	
	Preschool (ages three-five)	Early childhood (ages six-eight)
C. Rest, Sleep, and Relaxation Adequate relaxation, rest, and sleep reduce the stress of fatigue and tension and allow some body systems to become revitalized.	Tell how rest and sleep help one to perform effectively. (SA, DM)	Identify various types of activities that may be relaxing. (SA, CA)
D. Posture and Body Mechanics Posture and body mechanics affect optimal body functioning.	Participate in activities which help strengthen the body and contribute to correct posture. (SA, DM, CA)	Demonstrate practices that contribute to correct posture in sitting, standing, and walking. (SA, DM) Wear shoes that contribute to correct posture. (SA, CA)
E. Oral Health 1. Protection and care of the mouth, teeth, and gums promote oral health as well as general health and appearance. 2. Persons of all ages may be afflicted with oral disorders which may be caused by many factors and, in some cases, can be treated and corrected.	Relate clean, healthy teeth to a pleasant self-image. (SA) Eat foods that promote oral health. (DM) Identify the importance of going to the dentist. (SA) Demonstrate a beginning ability to brush the teeth and gums and to use dental floss between the teeth correctly. (SA, DM, CA) Recognize plaque on the teeth and tooth decay. (SA) Identify personal habits that may damage teeth and other parts of the oral cavity. (SA, CA)	Tell about the importance of cleaning the teeth or rinsing the mouth with water after eating. (SA) Select snacks that promote oral health. (DM) Recognize the importance of regular dental evaluations and care. (SA, DM) Show awareness that primary teeth maintain space for permanent teeth and need to be cared for. (SA, DM) Demonstrate an increase in proficiency in brushing the teeth and gums and using dental floss between the teeth. (SA, CA) Describe the roles that plaque and decay may have in the development of oral disorders. (SA, DM) Illustrate accidents which may damage teeth. (SA, CA)

developmental levels of students¹

Preadolescent (ages nine–eleven)	Adolescent (ages twelve–fifteen)	Young adult (ages sixteen–eighteen)
Illustrate individual differences and needs for recreation, relaxation, rest, and sleep. (SA, DM)	Identify factors that contribute to fatigue and suggest ways for coping with it. (SA, DM, CA)	Compare and contrast occupational demands to physical needs for rest, relaxation, recreation, and sleep. (SA, DM, CA)
Describe ways the skeletal and muscular systems affect posture and health. (SA) Follow proper procedures in lifting and carrying objects. (SA, CA)	Identify common postural defects and conditions. (SA, DM) Evaluate activities to correct common postural defects. (SA, DM, CA)	Document the importance of professional help with postural and other orthopedic problems. (SA) Describe career opportunities related to orthopedics, body mechanics, and fitness. (SA)
Identify the structures of the teeth, the surrounding tissues, and the specialized functions of the teeth. (SA) Discuss the protective role of fluorides in water supply and use of topical fluoride. (SA, DM) Demonstrate a proficiency in removal of plaque by brushing and by using floss. (SA, CA)	Appraise reliable sources of information concerning the selection of qualified professional personnel for prevention and care of dental problems. (SA, CA) Discuss the possible presence of infection in other parts of the body as a result of oral disorders, including decay, abscess, periodontal disease, and malocclusion. (SA, DM) Describe various means of providing fluoride to help prevent tooth decay. (SA, DM)	Identify individual responsibility for oral health as it affects family members now and in the future. (SA, DM, CA) Select qualified professional personnel for comprehensive dental care. (SA, DM) Assess the effectiveness of the various ways of providing fluoride to help prevent tooth decay. (SA, DM)
Describe the relationship of nutrition to the prevention of dental diseases. (SA) Identify factors which contribute to dental disease, such as plaque and high sugar exposure. (SA) Describe emergency procedures in the case of an accident involving the teeth. (SA, DM)	Relate types of restorations and treatments of teeth that professional dental personnel may use in orthodontal correction of bite and genetic defects. (SA, DM) Use safety devices, seat belts, face shields, helmets, and teeth guards. (SA, CA)	Investigate research findings of factors which affect the incidence of oral disorders. (SA, DM) Assess the importance of genetic counseling concerning oral disorders that may be inherited. (SA, DM)

¹ In each illustrative objective, the subject is "students." Applicable broad multidisciplinary goals are related to each illustrative objective and are identified by the appropriate abbreviation: SA for self-awareness; DM, decision making; and CA, coping action. See Appendix C, Glossary of Terms, for definitions of these terms and other key words used in this framework.

I. Personal Health (Continued)

Concepts	Illustrative objectives, according to	
	Freschool (ages three-five)	Early childhood (ages six-eight)
F. Vision and Hearing 1. Eyes and ears must be cared for in order to maintain effective vision and hearing. 2. Persons of all ages may be afflicted with visual and hearing disorders which may be caused by many factors and, in some cases, can be treated and corrected.	Tell how the eyes and ears lead to enjoyment of the environment and of recreation, learning, work, and communication. (SA, DM) Demonstrate ways to handle sharp objects, toys, or games which may cause injury. (SA, CA) Show awareness that people of all ages may be afflicted with visual and hearing disorders. (SA)	Illustrate ways to protect eyes and vision. (SA, CA) Relate procedures to follow in protecting the ears and hearing. (SA, CA) Accept others who wear correctional devices. (SA, DM, CA) Wear glasses or hearing devices if they are prescribed. (SA, DM, CA)

developmental levels of students¹

Preadolescent (ages nine–eleven)	Adolescent (ages twelve–fifteen)	Young adult (ages sixteen–eighteen)
Relate the care of the ears and eyes to their functioning in daily living. (SA) Recognize the significance of periodic vision and hearing evaluation to the maintenance of visual and hearing acuity. (SA) Identify sources of excessive noise which may be injurious to hearing. (SA) Document how vision and hearing change at different ages. (SA) Accept corrective and protective procedures for visual and hearing disorders if such procedures are prescribed. (SA, CA)	Identify qualified professional personnel for periodic evaluation, treatment, and correction of hearing and visual defects. (SA, LM) Analyze the importance of the control of sound for the prevention of hearing loss. (SA, CA) Recognize that certain diseases of the mother may produce visual and hearing disorders in children. (SA)	Accept responsibility for the vision and hearing care of themselves and their families. (SA, DM, CA) Propose plans for reducing noise levels which may cause damage to hearing. (SA, CA) Validate the importance of genetic counseling concerning visual and hearing disorders which may be inherited. (SA, DM)

¹In each illustrative objective, the subject is "students." Applicable broad multidisciplinary goals are related to each illustrative objective and are identified by the appropriate abbreviation: SA for self-awareness; DM, decision making; and CA, coping action. See Appendix C, Glossary of Terms, for definitions of these terms and other key words used in this framework.

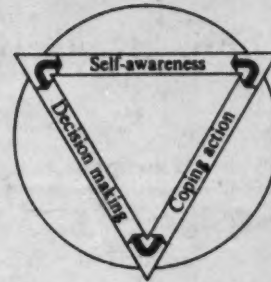
II. Family Health

Content Area Goals—Students will:

- Develop an understanding that the composition of a family takes many forms and that the family setting can be the focal point for providing a nurturing environment.
- Make decisions regarding their life-styles that promote healthful family living.
- Engage in and promote satisfying human relationships which provide a setting in which individuals can be nurtured and grow.

Concepts	Illustrative objectives, according to	
	Preschool (ages three–five)	Early childhood (ages six–eight)
A. Family Composition The composition of the family takes many forms; each member affects the health of all members of the family.	Recognize the role of family members. (SA)	Relate their contributions and responsibilities as family members. (SA, CA) Illustrate different types of families. (SA)
B. Interpersonal Relations The capacity to adjust to, understand, and respect others will enhance one's interpersonal relationships.	Illustrate ways to cooperate with family members and others in work and play. (SA, CA) Recognize authority and concern of parents and others responsible for their care. (SA, CA)	Talk about ways to solve conflicts. (SA, DM) Demonstrate ways in which each family member depends on other family members. (SA)
C. Gender Gender identity and roles are influenced by biological, emotional, and sociocultural factors.	Develop a positive self-image toward their gender. (SA, DM) Make friends with children of both sexes. (SA, CA)	Cite examples of traditional and nontraditional tasks performed by both men and women within the same and different cultures. (SA, DM) Choose work assignments without regard to sex stereotyping. (SA, DM) Recognize gender differences between males and females. (SA)

NOTE: The applicable California Education Code sections for the family health content area include 51202 and 51210. For further information regarding the Education Code, see Appendix B, Selected References, which includes a cross reference to the old Education Code section numbers.



developmental levels of students¹

Preadolescent (ages nine–eleven)	Adolescent (ages twelve–fifteen)	Young adult (ages sixteen–eighteen)
Cite the contributions of the family in promoting the health of its members. (SA) Analyze the roles of family members. (SA)	Describe factors that influence the family's standards, values, and attitudes. (SA, DM) Cite parent behavior that influences successful child rearing. (SA, DM)	Interpret the impact of the life cycle on the changing roles of family members. (CA, DM)
Demonstrate supportive and respectful attitudes toward individual family members, regardless of age. (SA, CA) Explain the impact of family harmony on the health of the family members. (SA) Consider ways of dealing with separation, hostility, aggression, death, and grief. (SA, CA) Explore attitudes within different cultures concerning issues and aspects of the aging process. (SA, DM)	Interpret the function of dating in the life cycle. (SA, DM) Contrast the characteristics desirable of a dating partner with those of a marital partner. (SA, DM) Plan and participate in family activities. (SA, CA) Recognize the various stages in the life cycle and the effect of each on interpersonal relations. (SA, DM)	Specify factors which foster satisfying adult relationships. (SA, DM) Analyze areas of adjustment necessary for a successful marriage. (SA, DM) Formulate useful approaches for the solution of family problems. (SA, DM)
Report on the historical contributions of men and women in the health sciences. (SA) Analyze changing attitudes toward gender roles. (SA, DM) Explore a wide range of family roles and future career opportunities, regardless of sex. (SA) Relate maturational changes that occur during adolescence to adolescent behavior. (SA, DM)	Explain how individuals express their attitudes about gender roles. (SA, DM) Analyze changing laws and customs dealing with sex discrimination. (SA, DM) Share equally opportunities to participate in educational activities, regardless of sex. (SA, DM, CA) Plan highest personal, family, and professional goals with equal opportunities for both sexes. (SA, DM)	Assess gender identity and roles in interpersonal relationships and in preparation for marriage. (SA, DM) Clarify responsibilities for sexual life-styles for themselves and others. (SA)

¹In each illustrative objective, the subject is "students." Applicable broad multidisciplinary goals are related to each illustrative objective and are identified by the appropriate abbreviation: SA for self-awareness; DM, decision making; and CA, coping action. See Appendix C, Glossary of Terms, for definitions of these terms and other key words used in this framework.

II. Family Health (Continued)

Concepts	Illustrative objectives, according to	
	Preschool (ages three–five)	Early childhood (ages six–eight)
D. Life Cycle² 1. Understanding of human growth and development throughout the life cycle leads to an appreciation of oneself and others. 2. Human sexuality and sexual behavior have significant implications both for the individual and for society.	Discover that living things grow, may reproduce, and die. (SA, DM)	Illustrate the life cycle of a plant or animal. (SA) Recognize that all living things come from like living things. (SA, DM) Recognize that the life cycle involves growth, development, and aging processes and ends with death. (SA)
E. Human Heredity and Genetic Disorders Heredity and environment interact to influence the development of living organisms.	Show awareness that living organisms have offspring of the same kind. (SA)	Express the differences and similarities among organisms and their offspring. (SA) Explain that nutrition is an important factor in the development of living organisms. (SA)

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²This includes sexuality and sexual behavior.

developmental levels of students¹

Preadolescent (ages nine–eleven)	Adolescent (ages twelve–fifteen)	Young adult (ages sixteen–eighteen)
Discuss the function of the family unit in the human life cycle. (SA) Summarize the characteristic patterns of growth from infancy through adulthood. (SA) Express feelings about what “growing up” means. (SA, DM) Illustrate ways in which emotional and psychological growth accompanies physical growth. (SA, DM)	Show awareness of the reproductive process in the development of a new life. (SA) Describe the function of the endocrine system in the process of human growth, development, and reproduction. (SA) Explain interrelationships among physical, mental-emotional, and social dimensions of growth. (SA) Relate knowledge and decisions about sexual behavior to personal, familial, and societal values, responsibilities, and consequences. (SA, DM, CA) Examine and evaluate peer values and pressure on sexual behavior. (SA, DM, CA)	List factors that can influence the health of parents and can affect their reproduction processes as well as the health of their children. (SA, DM) Explain the process of reproduction from conception through birth. (SA) Describe ways in which future parents can help their children understand and develop their sexuality. (SA, DM) Analyze statutes, including protective laws for minors, and standards related to human sexuality. (SA, DM, CA)
Determine differences between environmental and hereditary effects on organisms. (SA, DM) Discuss genetic disorders which occur in various population groups. (SA) Differentiate between traits that are inherited and acquired. (SA)	Illustrate ways in which the normal process of growth and development may be adversely affected by genetic as well as prenatal and neonatal influences. (SA) Realize that certain genetic disorders can be prevented, others can be treated, and still others must be accepted without change. (SA, DM, CA)	Report current medical research in relation to human heredity and genetic disorders. (SA, DM) Analyze selected genetic disorders that can be diagnosed prenatally in certain high risk individuals. (SA, DM)

II. Family Health (Continued)

Concepts	Illustrative objectives, according to	
	Preschool (ages three-five)	Early childhood (ages six-eight)
F. Parenting Choices in parenting involve certain personal and social considerations.	Illustrate the role of parenting in caring for the young. (SA) Recall observations of the behavior of babies. (SA, DM)	Describe how families in other cultures care for their young. (SA) Tell about parenting in animal behavior. (SA, DM) Discuss love and care that is needed by infants. (SA)

developmental levels of students¹

Preadolescent (ages nine–eleven)	Adolescent (ages twelve–fifteen)	Young adult (ages sixteen–eighteen)
Discuss socioeconomic implications of family size. (SA, DM) Consider the values of responsible parenting. (SA, DM) Explore present and future roles as family members. (SA)	Become aware of the financial aspects of family living. (SA, DM) Analyze successful child-rearing practices. (SA) List factors contributing to child abuse in society. (SA, DM) Interpret roles and responsibilities in family living and in parenting. (SA, DM) Discuss issues of child development and their relationship to parenting. (SA, DM)	Present examples of shared responsibilities of parenthood and family planning. (SA) Assess values and other factors to consider for having, adopting, or not having children. (SA, DM) Report on a variety of informational sources concerning marriage, family planning, and parenting. (SA, DM, CA) Locate agencies that provide help for abused children and abusive parents. (SA, DM) Discuss the relationship of proper health and nutritional practices during pregnancy to the health of the newborn child. (SA, DM)

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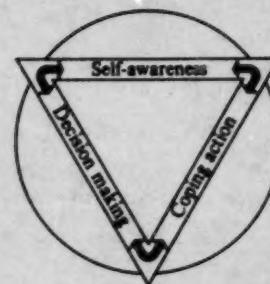
III. Nutrition

Content Area Goals—Students will:

- Develop an understanding that eating patterns are dependent upon interrelationships among physical, social, psychological, economic, and cultural factors.
- Consider alternatives in meeting nutritional needs and decide various ways to achieve good nutrition within this eating pattern.
- Develop eating patterns which contribute to wellness.

Concepts	Illustrative objectives, according to	
	Preschool (ages three–five)	Early childhood (ages six–eight)
A. Food Choices Daily food intake is related to the attainment of optimal health.	Relate food eaten to health and growth. (SA, DM) Demonstrate eating a variety of foods. (SA, CA)	Classify foods according to kinds, food groups, textures, sources, cultures, and traditions. (SA, DM) Describe individual variations in nutritional requirements at various times. (SA, DM)
B. Factors Influencing Choices Life styles, peers, and individual family resources reflect similarities and differences in food choices.	Identify enjoyable experiences while eating in a social setting. (SA, CA) Relate how enjoyment and satisfaction are derived from food activities. (SA)	Compare similar and different foods from ethnic groups. (SA)
C. Food-related Careers The food industry offers many employment and career opportunities.	Identify people who grow and prepare foods. (SA)	Explain the roles of people who produce, process, market, and prepare foods. (SA, DM)
D. Consumer Competencies Effective utilization of existing resources may enhance potential for satisfying individual and family nutritional needs and wants.	Name foods seen in a market which contribute to health and enjoyment. (SA)	Select a food and relate the reason for making the choice. (DM)
E. Food Protection The quality and safety of foods are influenced by the handling, processing, and preparing of foods.	Illustrate practices of cleanliness before handling and storing foods. (SA, CA)	Explore situations in the school or home environment which affect the cleanliness and safety of food. (SA, DM)

NOTE: The applicable California Education Code sections for the nutrition content area include 51202 and 51210. For further information regarding the Education Code, see the appropriate entry in Appendix B, Selected References.



developmental levels of students¹

Preadolescent (ages nine–eleven)	Adolescent (ages twelve–fifteen)	Young adult (ages sixteen–eighteen)
Demonstrate the ability to make food choices according to nutrient content. (SA, DM) Recognize the effects of overeating and undereating upon the body weight and optimal health. (SA, DM) Explain the digestive process. (SA)	Evaluate one's daily food choices in terms of recommended nutritional needs and costs to optimal health. (SA, DM) Show how quality and quantity of food affect growth and development. (SA, DM)	Assess dietary needs and possible alternatives to maintain individual and family health. (SA, DM) Appraise the effects of food on behavior and performance. (SA, DM)
Illustrate the customs, traditions, and historical influences of different countries and cultures on personal food choices. (SA, DM) Describe the effects of food on a person's performance and behavior. (SA, DM)	Examine factors influencing personal and family food choices. (DM) Investigate the ways people respond to the use of food as a way of reward, punishment, social acceptance, and personal fulfillment. (SA, DM)	Analyze the interrelationships of factors influencing personal food choices. (SA, DM) Discuss the effects of nutrition and drugs prior to and during pregnancy. (SA, DM)
Participate in scientific experiments related to foods. (SA, DM)	Analyze ways in which developments in food affect options in career and employment opportunities. (SA)	Propose job opportunities related to the field of food and nutrition. (SA, DM)
Evaluate the usefulness of words and pictures on food packages. (SA, DM) Compare and contrast the cost of various foods to their nutritional value. (SA, DM)	Evaluate the impact of advertising on food choices. (SA, DM) Appraise efforts which encourage a continuous relationship between the supply of food and the environment. (SA)	Describe resources that may be used in developing alternatives for satisfying dietary needs and budgetary constraints. (SA, DM) Formulate ways of interacting with the food production and delivery system in promoting consumer rights and interests.
Specify practices that affect food quality. (SA, DM)	Assess the contributions of the government and other agencies in alerting the public about the safety level of food products. (SA, CA)	Analyze laws and standards related to the safeguarding of foods and the legal recourse for food protection. (SA, CA)

¹In each illustrative objective, the subject is "students." Applicable broad multidisciplinary goals are related to each illustrative objective and are identified by the appropriate abbreviation: SA for self-awareness; DM, decision making; and CA, coping action. See Appendix C, Glossary of Terms, for definitions of these terms and other key words used in this framework.

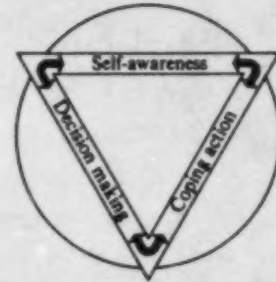
IV. Mental-Emotional Health

Content Area Goals—Students will:

- Develop an understanding that emotional health is influenced by genetic, biological, social, cultural, environmental, and ecological factors.
- Make decisions which contribute to building self-acceptance and reducing individual stress and anxiety.
- Establish and continually develop patterns of behavior which promote sound mental-emotional health.

Concepts	Illustrative objectives, according to	
	Preschool (ages three–five)	Early childhood (ages six–eight)
A. Stability Emotional stability is influenced by the interaction of many factors, including awareness, feelings, and reactions.	List things which are liked or disliked and attach feelings of happiness, sadness, and anger to each. (SA, CA) Express feelings of acceptance toward gender, ethnicity, and national origin. (SA, DM)	Identify situations which cause different types of emotional responses. (SA, DM) Show respect for similarities and differences between and among individuals and groups. (DM, CA)
B. Acceptance of Self and Others Knowing, liking, and understanding oneself; making friends; and getting along with others are essential to mental-emotional health.	Tell about feelings when being with friends. (SA) Enjoy playing with others. (SA, CA) Share toys and materials. (SA, CA)	Discuss ways new pupils may be made to feel welcome. (SA, CA) Compare the feelings of being with and without friends. (SA, DM) Support positive feelings of others. (SA, CA)
C. Emotions Understanding and coping with emotions in an acceptable way is healthy, while unresolved conflicts involving self and others cause stress and anxiety.	Talk about situations which result in positive (“good”) and negative (“bad”) feelings. (SA, DM) Describe feelings when something happens that you could not do anything about. (SA)	Describe ways to deal with upset feelings. (SA, DM, CA) Identify changes in life situations which make persons feel differently. (SA)

NOTE: The applicable California Education Code sections for the mental-emotional content area include 51202 and 51210. For further information regarding the Education Code, see Appendix B, Selected References, which includes a cross reference to the old Education Code section numbers.



developmental levels of students¹

Preadolescent (ages nine–eleven)	Adolescent (ages twelve–fifteen)	Young adult (ages sixteen–eighteen)
Relate ways that increase self-worth. (SA)	Analyze the interrelationship of factors leading to emotional stability. (SA, DM)	Formulate positive plans for enhancing self-esteem and maintaining emotional stability. (SA, DM, CA)
Tell about ways that help you get along with others, including parents and teachers. (SA) Discuss feelings of empathy toward others. (SA, CA) Recognize worth and contributions of members of various multi-ethnic and multiracial groups. (SA, DM)	Propose ways of becoming acquainted with persons of other ethnicities and national origins. (SA, DM) Develop a growing interest and awareness of others and their life styles. (SA) Describe satisfactions gained in helping others. (SA, DM) Discuss ways in which feelings of empathy and respect influence behavior toward others. (SA, CA)	Suggest ways of promoting an understanding of oneself and others in multicultural relationships. (SA, CA) Describe ways to support and respect the elderly and make them feel worthy. (SA, DM)
List and classify emotions. (SA, DM) Identify how situations may change emotions. (SA)	Illustrate ways that stress can affect body functions. (SA, DM) Discuss acceptable ways to cope with feelings of anger and hostility. (SA, DM, CA)	Assess adjustment mechanisms in achieving mental maturity and in satisfying emotional needs. (SA, DM, CA)

¹In each illustrative objective, the subject is "students." Applicable broad multidisciplinary goals are related to each illustrative objective and are identified by the appropriate abbreviation: SA for self-awareness; DM, decision making; and CA, coping action. See Appendix C, Glossary of Terms, for definitions of these terms and other key words used in this framework.

IV. Mental-Emotional Health (Continued)

Concepts	Illustrative objectives, according to	
	Preschool (ages three-five)	Early childhood (ages six-eight)
D. Coping with Stress and Anxiety Individuals react differently to stressful situations and vary in their ability to adjust to the demands of living.	Share the feelings of being hurt, sick, or frightened. (SA) Experience relief from stress through play. (SA, CA) Explain ways family members may help each other. (SA, CA)	Conclude what they did to feel better when something frustrating happened. (SA, CA) Talk about what people do to feel better when something frustrating happens. (SA, CA) Discover relief of tension through activity. (SA, CA)
E. Resolving Problems Through Decision Making The decision-making process helps to reduce stress and anxiety, gain respect of self and others, and obtain personal satisfaction.	Identify choices that help people feel better. (SA, DM, CA)	Describe choice made that helped others feel better. (SA, DM, CA) Demonstrate steps in making a decision. (SA, DM, CA)

developmental levels of students¹

Preadolescent (ages nine–eleven)	Adolescent (ages twelve–fifteen)	Young adult (ages sixteen–eighteen)
Analyze positive and negative aspects of stress. (SA, DM, CA) Participate in physical activities to help relieve stress. (SA, CA)	Analyze sources and causative factors of stress. (SA, DM) Suggest acceptable ways of helping oneself and others to manage feelings of stress and anxiety. (SA, DM) Cite a personal action taken to reduce stress caused by peer pressure. (SA, DM, CA)	Relate physiological aspects of stress and anxiety on various body systems and to the onset of certain diseases. (SA, DM) Discuss the relationship between human sexuality and stress. (SA) Consider sources of assistance for unresolved anxiety. (SA, DM) Identify resources to cope with institutional arrangements which may deny equal opportunities because of certain personal characteristics, such as sex, race, age, national origin, religion, and handicapping conditions.
Relate choices to short-term and long-term consequences. (SA, DM) Recognize that some decisions must be altered if circumstances change. (SA, DM)	Assess factors in making choices and consider the effects of such choices on a person's future. (SA, DM)	Present examples of responsible decision making in resolving conflicts involving oneself and others. (SA, DM, CA) Analyze decisions based on a value system and how these decisions affect oneself and others. (SA, DM)

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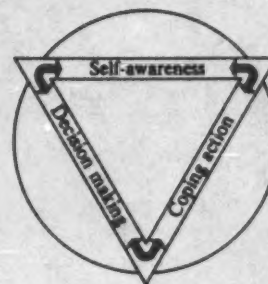
V. Use and Misuse of Substances

Content Area Goals—Students will:

- Develop knowledge, understanding, and awareness about the use and misuse of substances (alcohol, drugs, narcotics, tobacco) by individuals.
- Develop decision-making and valuing skills about the use and misuse of substances.
- Demonstrate responsible behavior in using various chemical substances and appropriate alternatives to the misuse of substances.

Concepts	Illustrative objectives, according to	
	Preschool (ages three–five)	Early childhood (ages six–eight)
A. Uses of Substances Many substances are beneficial to humanity	Identify nonfood substances commonly found in and around the household and their uses. (SA, DM) Tell about the effects of selected household substances and plants. (SA, DM) Recognize bottles and containers used to store medication. (SA, DM)	Differentiate between substances in the home and school environment that may be helpful or harmful. (SA, DM) Name ways that substances may be taken into the body. (SA) Identify common medications and their uses. (SA, DM)
B. Precautions All substances should be handled with care and caution.	Cite reasons for handling substances with approval of responsible adult. (SA, DM, CA)	Identify storage areas and suggest ways to store and handle a variety of household substances. (SA, DM)
C. Decision Making The use and misuse of substances is an independent decision which is made on the basis of values and needs.	Explain the value of taking prescribed medications. (SA, DM)	Distinguish ways the media influence decisions. (DM)
D. Alternatives Individuals determine and choose appropriate alternatives to the use and misuse of substances.	Identify experiences that give positive feelings toward self. (SA) List appropriate alternatives from the suggestions of others. (DM)	Choose pleasurable activities that can be used in unstructured time. (DM) Relate how others are involved in experiences that give a sense of wellness. (SA)

NOTE: The applicable California Education Code sections for the use and misuse of substances content area include 51202, 51203, 51210, and 51262. For further information regarding the Education Code, see Appendix B, Selected References, which includes a cross reference to the old Education Code section numbers.



developmental levels of students¹

Preadolescent (ages nine–eleven)	Adolescent (ages twelve–fifteen)	Young adult (ages sixteen–eighteen)
Describe the different effects of common substances on individuals. (SA, DM) Analyze the effects and hazards of common substances often used by youth. (SA, DM) Differentiate between the use and misuse of prescription and non-prescription medications. (SA, DM)	Explain factors that contribute to the use of substances and to long- and short-term effects. (SA, DM) Describe and discuss symptoms that indicate an interference with normal body functioning. (SA, DM) List the beneficial effects of the use of prescribed substances, as directed, and the hazards of self-medication. (DM, CA)	Suggest measures of providing aid to persons who are reacting adversely to substances. (DM, CA) Identify and discuss the social factors involved in the use and misuse of substances. (SA, DM, CA) Recognize that the use of non-prescribed substances during pregnancy should be avoided. (SA, DM)
Evaluate common precautions in the handling and use of specific substances. (SA, DM)	Explain why potentially harmful substances should be treated with consideration and caution. (CA, DM, CA)	Relate specific decisions leading to courses of action that reflect careful consideration and caution in the use of substances. (DM, CA)
Describe how values influence personal decisions to use or not to use specific substances. (SA, DM)	Discuss ways of acting consistently with a positive value system while under pressure of peers to use or not to use substances. (DM, CA)	Analyze how individual needs and values interact with the social environment to determine the individual's use of substances. (DM, CA)
Analyze activities that provide a person with satisfaction. (SA, DM) Illustrate situations in which activities that promote well-being are likely to occur. (SA)	Specify inner needs and describe activities for meeting those needs. (SA, DM) Evaluate ways of meeting individual needs that also assist others in meeting their needs. (SA, DM, CA)	Support individuals, groups, and organizations which promote activities for meeting their needs. (CA) Describe how life goals are achieved by identifying alternatives which provide acceptable risk and high return. (SA, DM)

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V. Use and Misuse of Substances (Continued)

Concepts	Illustrative objectives, according to	
	Preschool (ages three–five)	Early childhood (ages six–eight)
E. Responsibility for Prevention The responsibility for initiating changes in practices relative to substance use and misuse belongs to individuals, families, and communities.	Identify individuals from whom to accept or reject known or unknown substances. (SA, DM)	Explain the customs and rules of the family, the school, and the community regarding the use of substances. (SA)

developmental levels of students¹

Preadolescent (ages nine–eleven)	Adolescent (ages twelve–fifteen)	Young adult (ages sixteen–eighteen)
Describe roles of individuals in the prevention of the misuse of substances. (SA)	Evaluate programs designed to prevent substance misuse and to assist persons with related problems. (SA, DM)	Show the relationship between societies' value of the use of certain substances and efforts to prevent misuse. (SA, DM, CA) Propose measures to prevent misuse of substances. (DM, CA)

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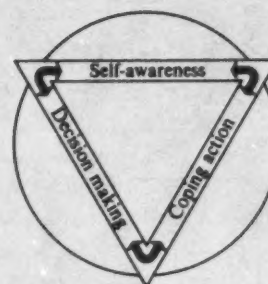
VI. Diseases and Disorders

Content Area Goals—Students will:

- Develop an understanding of the causal factors of diseases and disorders and of the extent to which certain diseases and disorders can be prevented, treated, and controlled.
- Make decisions for obtaining early diagnosis and treatment of suspected diseases and disorders, recognizing the importance of receiving quality care.
- Demonstrate responsible behavior in the prevention and control of diseases.

Concepts	Illustrative objectives, according to	
	Preschool (ages three–five)	Early childhood (ages six–eight)
A. Causal Factors Many factors contribute to the cause of diseases and disorders.	Tell about things that cause diseases. (SA, DM) List childhood diseases and tell how they are spread. (SA, DM)	Explain practices that are contributing causes of diseases and disorders. (SA, DM) State ways in which diseases are spread from person to person. (SA)
B. Prevention and Control There is variation in the extent to which diseases and disorders can be prevented and controlled.	Tell of ways to protect oneself and others from diseases. (SA, DM) Identify personal habits that promote cleanliness and reduce the risks of infection. (SA, CA) Cooperate with parents, physicians, dentists, and nurses to protect or maintain health. (SA, CA)	Illustrate personal actions to maintain health and to prevent diseases. (SA, CA) Discuss health practices which will hasten recovery from infectious diseases. (SA)

NOTE: The applicable California Education Code sections for the diseases and disorders content area include 51202, 51820, and 51210. For further information regarding the Education Code, see Appendix B, Selected References, which includes a cross reference to the old Education Code section numbers.



developmental levels of students¹

Preadolescent (ages nine–eleven)	Adolescent (ages twelve–fifteen)	Young adult (ages sixteen–eighteen)
Explain the role of microorganisms in the spread of communicable diseases. (SA) Distinguish those diseases caused by microorganisms from diseases resulting from other factors. (SA, DM) Describe the infectious disease cycle. (SA) Classify environmental factors that may cause diseases and disorders. (SA)	Identify and recognize the symptoms of the diseases and disorders causing the highest morbidity and mortality rates among selected populations. (SA) Describe reasons for the increase of chronic diseases and disorders. (SA, DM)	Delineate the role of genetic conditions in causing diseases and disorders. (SA, DM) Document causes of chronic diseases and disorders. (SA, DM) Describe current research to find causes and most effective forms of treatment for selected diseases. (SA, DM)
Identify scientific contributions that have been made to help protect people from diseases and disorders. (SA) Select and apply scientific information to prevent and control diseases. (SA, DM) Discuss the role of chemical substances in the control of diseases. (SA) Describe types of treatment for communicable diseases. (SA, DM)	List the symptoms of common diseases among youth, including sexually transmitted diseases, and the importance of early diagnosis and treatment. (SA) Support and encourage individual and community efforts to prevent and control diseases, including sexually transmitted diseases. (SA, DM, CA)	Analyze life styles and personal health practices designed to reduce risk factors in the occurrence of major diseases and disabilities. (SA, CA) Describe preventive measures for the control of sexually transmitted diseases. (SA, CA) Accept the value of local, national, and international efforts to prevent and control diseases. (SA, DM)

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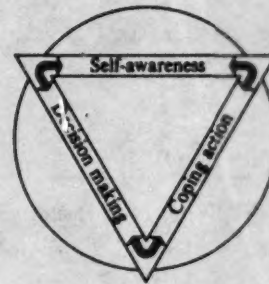
VII. Consumer Health

Content Area Goals—Students will:

- Develop an understanding that the choices one makes of health information, products, and services are affected by one's needs, feelings, values, cultural experiences, knowledge, and economic resources.
- Utilize valid evaluative criteria when selecting health information, products, and services.
- Exhibit selective practices in choosing and using health information, products, and services.

Concepts	Illustrative objectives, according to	
	Preschool (ages three–five)	Early childhood (ages six–eight)
A. Responsibility for the Utilization of Health Resources Individuals are responsible for their own health and for knowing when to seek help from others.	Participate in daily practices that promote health. (SA, CA) Illustrate reasons for seeking adult help when a potential health problem arises. (SA, CA) Identify persons who provide health services and products. (SA)	Demonstrate ways that show acceptance of responsibility for one's own health. (SA, CA) Use preventive health services to protect oneself and others. (SA, CA)
B. Criteria Evaluative criteria are necessary for the selection and utilization of health information, products, and services.	Identify individuals from whom to accept advice and assistance. (SA, DM) Tell about advertisements related to health. (SA, DM)	Distinguish among health products that may be beneficial, worthless, or detrimental to a person's health. (SA, DM) Report on services provided by different health professionals. (SA, DM) Identify various sources of health information. (SA, DM)

NOTE: The applicable California Education Code sections for the consumer health content area include 51202 and 51210. For further information regarding the Education Code, see Appendix B, Selected References, which includes a cross reference to the old Education Code section numbers.



developmental levels of students¹

Preadolescent (ages nine–eleven)	Adolescent (ages twelve–fifteen)	Young adult (ages sixteen–eighteen)
Describe value of having regular medical and dental checkups and follow-up on immunizations. (DM) Propose ways to assume responsibility for care of minor health problems. (SA, CA, DM) Follow professional recommendations for treatment of health problems. (SA, CA)	Demonstrate use of appropriate sources of health information in selecting health services. (SA, DM) Evaluate ways in which individuals cope with health problems. (SA, CA) Demonstrate ability to make decisions regarding the need for health care. (SA, DM, CA)	Discuss consumer rights in obtaining full and accurate information about one's health. (SA, DM) Discriminate between situations that the individual can manage and those situations in which self-treatment delays and replaces needed health care. (SA, DM) Demonstrate competencies in the selection of preventive health services. (SA, DM, CA)
Discuss health products that are commonly misrepresented through advertising. (SA, DM) Differentiate various types of health professionals and allied health personnel on the basis of the services they provide. (DM) Discriminate between reliable and unreliable sources of health information. (DM)	Develop factors to consider when evaluating, selecting, and using health products, services, and information. (DM) Evaluate the potential influence of health fads, misconceptions, and frauds on a person's health. (SA, DM) Analyze the impact of advertising on the selection of health products and services. (DM) Classify different agencies with responsibilities to protect consumer health. (SA, DM)	Discuss consumer rights against fraudulent health practices. (SA) Determine the qualifications and skills needed for various health professions and vocations. (SA, DM) Assess laws and regulations designed to protect consumer health. (SA, DM, CA)

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VII. Consumer Health (Continued)

Concepts	Illustrative objectives, according to	
	Preschool (ages three-five)	Early childhood (ages six-eight)
C. Social Factors and Health Care Choices of health information, services, and products are affected by one's feelings, values, and cultural experiences.	Identify places where a family may go for health care. (SA)	Recognize different types of health facilities and services used by families. (SA, DM) Describe the personal feelings an individual has when visiting physicians and dentists. (SA, DM)
D. Economic Factors and Health Care The costs and benefits of health care affect the utilization of health services.	Show an awareness of the costs of health care. (SA)	Show an appreciation for the benefits of health care. Tell about the costs of health care for family members. (SA)

developmental levels of students¹

Preadolescent (ages nine–eleven)	Adolescent (ages twelve–fifteen)	Young adult (ages sixteen–eighteen)
Survey families, friends, and teachers about where they obtain their health care and why. (SA, CA, CA)	Report on health practices of different cultures. (SA, DM) Examine the relationship of lifestyles to levels of wellness. List factors to consider when choosing a source of health care. (SA, DM)	List reasons for preferences in health services. (SA, DM) Report on the relationship of values, socioeconomic status, and cultural experiences to the selection of health services and products. (SA, DM) Analyze changing patterns in the provision of health care in the United States.
Compare the costs of preventive versus therapeutic health care. (SA, DM) Discuss the relationship between financial resources and utilization of health resources. (SA, DM)	Examine the costs and benefits of short-term and long-term wellness versus illness. (SA, DM) Illustrate the impact of prevention and early treatment upon the costs of health care and the quality of life. (SA, DM, CA) Describe various types of health insurance. (SA)	Formulate plans for selecting, from among various alternatives, health insurance coverage for families. (SA, DM, CA) Develop a rationale for current health care costs and benefits within clinic and hospital settings. (SA, DM) Assess financial arrangements for personal and community health services. (SA, DM)

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VIII. Accident Prevention and Emergency Health Services

Content Area Goals—Students will:

- Develop the understanding that a safe environment and preparedness to deal with emergency situations contribute to wellness.
- Evaluate and decide on the appropriate alternative procedures to utilize for various emergency situations in terms of time and consequences.
- Exhibit skills in accident prevention and injury control and show appropriate responses for emergency situations.

Concepts	Illustrative objectives, according to	
	Preschool (ages three–five)	Early childhood (ages six–eight)
A. Accident Prevention 1. Potential hazards need to be identified and corrected to prevent accidents. 2. Many accidents can be prevented. 3. Planning can reduce devastation from disasters.	Name things, places, and actions that are potentially dangerous in and around the home. (SA, DM) Identify ways to prevent accidents in and around the home. (SA, DM) Participate in fire and other disaster drills. (SA, CA)	Illustrate potential hazards in the school-community environment. (SA, CA) Demonstrate safety behavior when crossing streets, riding vehicles, using tools and playthings, participating in water sports, and handling animals. (SA, DM, CA) Demonstrate appropriate behavior during emergency drills. (SA, CA)
B. Emergency Health Care 1. Individuals need to be prepared to act effectively in times of emergency, including life-threatening situations. 2. Safety and first aid help reduce accidents, prevent further injury, and save lives.	Explain what constitutes an emergency. (SA, DM) Identify the different people who can help when there is an emergency and the method of contacting them. (SA, DM)	Tell what to do for simple injuries. (SA, CA) Explain why immediate care is necessary in cases of emergencies. (SA, DM)

NOTE: The applicable California Education Code sections for this content area include 51202 and 51210, and section 1001 of the California Administrative Code, Title 5, is also applicable. For further information on the Education Code, see Appendix B, Selected References.



developmental levels of students¹

Preadolescent (ages nine–eleven)	Adolescent (ages twelve–fifteen)	Young adult (ages sixteen–eighteen)
List accidents most likely to occur to children and explain ways in which they may be prevented. (SA, DM) Analyze the role of attitudes in accident prevention and causation. (SA, DM) Identify hazards often found in a home. (SA, CA) Propose a home safety plan to be followed in the event of a disaster. (SA, CA)	Evaluate the benefits of safety devices in vehicles and in highway construction. (SA, DM) Identify attitudes and behavior conducive to accident causation. (SA, DM) Explain reasons for keeping safety equipment in readiness for emergencies. (SA, DM)	Examine the types of accidents associated with various occupational fields. (DM) Interpret the relationship between psychological factors and the occurrence of accidents. (SA, DM) Identify factors which are involved in making a home safe for infants and children. (SA, CA) Describe ways community resources may be utilized during a disaster. (SA, DM)
Demonstrate the steps in providing basic first aid in life-threatening situations. (SA, CA)	Demonstrate proficiency in applying standard first-aid procedures in life-threatening situations. (SA, CA)	Demonstrate applying appropriate advanced first aid procedures for major emergencies and life-threatening situations requiring mouth-to-mouth resuscitation and cardiopulmonary resuscitation. (SA, CA)
Suggest precautionary measures for specific recreational activities and describe procedures to follow in case of an accident. (SA, DM)	Compare the legal differences between first aid and treatment. (DM)	Evaluate the availability and accessibility of existing community emergency services. (CA, DM)

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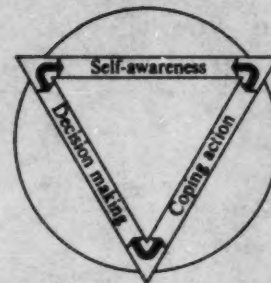
IX. Community Health

Content Area Goals—Students will:

- Develop an understanding of the types of health resources needed to promote and protect the health of people in local, state, national, and world communities.
- Make decisions that will contribute to the development of community health resources based on human needs and desired outcomes.
- Assume responsibility for improving the health of the community.

Concepts	Illustrative objectives, according to	
	Preschool (ages three–five)	Early childhood (ages six–eight)
A. Community Health Resources Community health resources are necessary to protect and promote individual, family, and community health.	Recognize the need for community health workers. (SA) Identify some community health workers and the services they perform. (SA)	Describe health services offered by community health agencies. (SA) Tell how to obtain help from community health resources. (SA, CA) Identify school health service personnel and their services. (SA, DM)
B. Shared Responsibility The health of the community is a shared responsibility of the individual, the family, and the community.	Tell how to cooperate with parents, school personnel, and community workers who protect the health and safety of children. (SA, CA)	Illustrate ways to work with others in promoting family and community health. (SA, CA)

NOTE: The applicable California Education Code sections for the community health content area include 51202 and 51210. For further information regarding the Education Code, see the appropriate entry in Appendix B, Selected References.



developmental levels of students¹

Preadolescent (ages nine–eleven)	Adolescent (ages twelve–fifteen)	Young adult (ages sixteen–eighteen)
Classify different types of community health agencies. (SA, DM) Identify procedures for locating community resources that provide medical and social services. (SA, DM)	Explain benefits derived from utilizing services provided by official, professional, and voluntary health agencies. (DM, SA) Describe ways in which family members assist each other in becoming aware of community health resources. (SA, CA) Analyze the relationship of cultural and socioeconomic factors to the utilization of health resources. (SA)	Suggest factors which affect the utilization of community health services available from both the public and private sectors. (DM) List unmet community health needs and resources for meeting these needs. (DM) Discuss people's roles in utilizing the political system to fulfill unmet health needs. (CA, DM) Delineate financial bases for the support of community health programs. (SA, CA)
Explain how local, state, and national laws and regulations affect the health of the community. (SA, DM) Identify a person's responsibilities in responding to health regulations. (SA, DM)	Appraise ways in which a person can support and participate in community health programs. (SA, DM) Describe health agencies, including voluntary health organizations, health maintenance organizations, and health system agencies, that involve citizens in decision-making processes. (DM) Discuss the value of participating as volunteers in community health programs. (SA, DM)	Clarify the relationship of an individual's health status to the health status of that person's family and the community. (SA, DM) Appraise the need for coordinating community health efforts. (DM) Compare and contrast ways in which communities can organize to prevent and solve health problems on local, state, national, and international levels. (DM)

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IX. Community Health (Continued)

Concepts	Illustrative objectives, according to	
	Preschool (ages three-five)	Early childhood (ages six-eight)
C. Health Planning Cooperative health planning enhances the health of the people and reduces unnecessary expenditures of human and material resources.	Illustrate ways workers from different agencies cooperate to prevent and solve community health problems. (SA) Identify community workers who cooperate to protect the health and safety of people. (SA)	Discuss ways families cooperate with school personnel in promoting the health of family members. (SA)
D. Health Careers A wide range of opportunities exists for careers in health.	Observe activities of health workers. (SA, DM)	Define roles of health workers in the community. (SA, DM) Identify different categories of health careers. (SA, DM)

developmental levels of students¹

Preadolescent (ages nine–eleven)	Adolescent (ages twelve–fifteen)	Young adult (ages sixteen–eighteen)
Describe laws and regulations enforced by cities, counties, states, and countries to prevent and control health problems. (SA, DM) Explain ways that community health agencies cooperate in addressing needs of special groups, such as handicapped, persons, senior citizens, ethnic people, and women. (CA, DM) Identify community health problems and discuss the role of local and state agencies in combating them. (SA, DM)	Discuss relationships among local, state, and federal governments which affect health. (SA, DM) Show how interagency health planning results in cooperative efforts to meet individual, family, and community health needs. (SA, DM) Identify the programs of health agencies in the United States that provide help in solving health problems of other countries. (DM) Discuss the major world health problems and the impact of these problems on various countries throughout the world. (SA, DM)	Develop plans for participating in community health planning. (SA, DM) Discuss complexities in solving health problems that are common to two or more communities. (DM) Document ways in which countries share resources to improve world health. (DM) Evaluate the health resources in a selected community and identify both gaps and overlaps in the services. (DM)
Identify health workers of different cultures who have made major contributions to society. (DM) Describe the requirements and preparation for various types of health careers. (SA, DM)	Compare career opportunities in the health sciences. Discuss increasing career opportunities in health for various ethnic groups, women, and the handicapped persons. Recognize changing roles of workers in selected health occupations. (SA)	Describe scientific fields in which new health-science career opportunities now exist or are projected for the future. (SA, DM) Share experiences in health careers as observers, interviewers, volunteers, or employees. (SA, DM)

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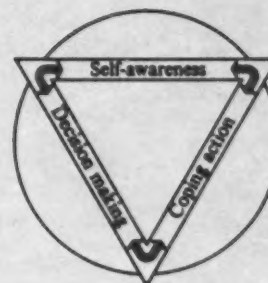
X. Environmental Health

Content Area Goals—Students will:

- Develop the understanding that an environment in ecological balance enhances one's mental, social, and physical well-being.
- Make decisions which will help reduce all types of pollution and other environmental hazards.
- Participate in activities designed to promote and foster a positive human environment.

Concepts	Illustrative objectives, according to	
	Preschool (ages three–five)	Early childhood (ages six–eight)
A. Environmental Quality An interrelationship exists between human health and environmental quality.	Describe feelings about environmental settings. (SA) Tell about things in the environment that affect a person's health. (SA)	Illustrate factors in the surroundings that promote health and safety. (SA, DM) Cite the effects of environmental quality on living things. (SA, DM)
B. Environmental Protection Maintaining a safe and healthful environment is a shared responsibility of the individual, family, and society.	Demonstrate ways people can help to keep their surroundings safe and healthful. (SA, CA) Suggest ways to conserve resources. (SA)	Describe what people can do to promote a healthful and safe environment. (SA, CA) Report on different kinds of pollution. (SA, CA)

NOTE: The applicable California Education Code sections for the environmental health content area include 51202 and 51210. For further information regarding the Education Code, see the appropriate entry in Appendix B, Selected References.



developmental levels of students¹

Preadolescent (ages nine–eleven)	Adolescent (ages twelve–fifteen)	Young adult (ages sixteen–eighteen)
Describe how a safe and healthful environment improves the quality of life. (SA, DM) Examine the relationship between the quality of the environment and the way a person feels. (SA, DM) Identify ecological conditions that may alter a healthful and safe environment. (SA, DM)	Describe the causes and controls of pollution. (SA, DM) Identify resources which should be conserved to protect health and to improve environmental quality. (SA, DM) Describe the interrelationship between human life styles and the ecological balance of other life forms. (SA, DM) Report how changes in environments can create new health hazards. (SA, DM)	Formulate changes in life-styles that promote environmental quality and the conservation of resources. (SA, DM) Describe ways of altering the environment to provide for human needs without adversely affecting its quality. Examine the effects of various forms of pollution on health. (SA, DM) Analyze the relationship between demographic factors and the quality of life in various cultures. (SA, DM)
Relate what family members can do to maintain and protect the environment where they live, work, and play. (SA, DM) Evaluate the effects of vandalism on the school community environment. (SA, DM)	Report on the efforts of community groups and agencies to protect and improve the environment. (DM) Analyze ways in which individual citizens and communities can participate in activities to promote a healthful and safe environment. (SA, DM)	Evaluate the programs of official agencies that have jurisdiction over the environment and of voluntary agencies dedicated to environmental improvement. (DM) Assess industrial and technological developments affecting the environment. (DM) Examine the interrelationship of factors that are involved in maintaining and improving environmental standards. (SA, DM)

¹In each illustrative objective, the subject is "students." Applicable broad multidisciplinary goals are related to each illustrative objective and are identified by the appropriate abbreviation: SA for self-awareness; DM, decision making; and CA, coping action. See Appendix C, Glossary of Terms, for definitions of these terms and other key words used in this framework.

Integration of Illustrative Objectives Into "Classroom" Instruction

The Curriculum Framework Criteria Committee on Health elected to devote a large part of this framework to the development of illustrative objectives. The rationale for the committee's decision lies in the implications of the objectives for classroom instruction.

Goals

The illustrative objectives have, in the preceding section of this framework, demonstrated the significant interrelationship between broad multidisciplinary goals and content area goals. Within the context of the content areas, these objectives help to propel both process and content goals forward and to emphasize their joint roles in promoting the mission of health education.

Health Needs and Legal Compliance

The illustrative objectives are derived from the health needs of California school-age children and youth and from the legal codes pertaining to health instruction in California public schools. They, therefore, are sound general examples which local school officials may use or revise or expand, as appropriate for their respective districts.

Content

Once a local school district prepares its unique list of objectives for health instruction, the content for each objective should be delineated. In those instances where the illustrative objectives in this framework become a part of a given school district's list of objectives, they will provide a basis for the development of content for health instruction. For example, an illustrative objective on page 21 reads as follows: "Identify high risk factors to reduce cardiovascular disorders." The content related to this objective could include: reduced intake of saturated fats, no smoking, participation in a regular endurance exercise program, early detection and treatment of high blood pressure, and reduction of stress.

Performance Objectives

It must be made clear that the illustrative objectives presented in this framework were not designed to be implemented in their present form in the classroom. Their function is to serve as a foundation for the development of performance objectives which would state "what is to be done, by whom, and under what conditions."

Performance objectives may be written in the cognitive, affective, and psychomotor domains. Cognitive and psychomotor changes may be more readily observed. Although affective changes in values and attitudes are not always so easily measured, they may be among the most important objectives for a health instruction program. These objectives may be met either within or outside the classroom environment. Verification of student achievement may be made not only by the teacher but also by other responsible individuals. Not all objectives may be applicable to every student in the class. Once performance objectives are stated, educational activities to achieve the objectives and to measure results should be developed.

Implementation

The local school district may select illustrative objectives from within this framework or from other sources for its health instruction program. After this occurs, the district should:

- Translate the illustrative objectives into performance objectives.
- Develop the content for the specific performance objectives, and plan the educational activities to achieve the objectives.
- Prepare the tools to measure the extent to which the objectives are achieved.
- Arrange performance objectives into an appropriate scope and sequence within the health instruction program.

Evaluation of Health Instruction

In the preceding section of this framework, a reference was made to measuring results of performance objectives. Here, a more comprehensive reference is made to the broader scope of evaluation.

Phases of Evaluation

Evaluation is basically a series of activities for assessing:

- Student and program needs based upon the degree of discrepancy between "what is" and "what should be"
- The extent to which a program is being implemented as planned (Are the activities that were planned, in relation to the use of materials and personnel roles and responsibilities, being carried out?)
- The progress of students at points during the program
- The effectiveness of the program; a discrepancy between the anticipated and actual outcomes

Aspects of Evaluation

Several aspects of evaluation that need to be assessed with respect to individual student and program evaluation are listed in a new Department publication that was approved by the State Board of Education: *California Curriculum Frameworks—A Handbook for Production, Implementation, and Evaluation Activities*.¹ The accompanying chart shows the interrelationship between the phases of evaluation identified above and the aspects of evaluation listed in the new handbook. The Xs in selected intersections of Chart 1 indicate for which aspects of evaluation the various phases would be applicable.

Relationship of Objectives to Evaluation

Different evaluation techniques are appropriate for students at various developmental levels. Different techniques are also used, depending upon which of the four evaluation phases is being carried out. Regardless of the developmental level of the students or the evaluation phase being conducted, however, specific measurable objectives are necessary to identify what is expected.

Implementation

In relation to individual student evaluation and to program evaluation for health instruction, a variety of measurement instruments and techniques should be (1) selected and/or developed; (2) described; (3) implemented; and (4) revised as necessary. These are important tasks to be accomplished during implementation.

¹See Appendix B, Selected References, for full bibliographical entries of cited publications.

Chart 1. Interrelationships Between the Phases and Aspects of Evaluation

Aspects of evaluation	Phases of evaluation applicable to aspects of evaluation			
	Needs assessment	Implementation	Progress	Outcome
I. Individual student evaluation				
A. Readiness or entry level for acceptance into program	X			X
B. Progress in relation to the cognitive, affective, and psychomotor domains			X	
C. Extent of achievement of goals and objectives at the end of the program	X			X
D. Progress through varying levels of the program	X		X	X
II. Program evaluation				
A. Progress of students	X		X	X
B. Logical sequencing of skills		X		
C. Flexibility in meeting needs of a variety of learners		X		
D. Management and recordkeeping		X		
E. Environmental setting and conditions	X	X	X	X
F. Impact on the total school curriculum	X		X	X
G. Impact on family and community	X		X	X

NOTES for Aspects of Evaluation in Chart 1:

I. Individual Student Evaluation

A. Readiness or entry level for acceptance into program. An initial assessment should be made to determine where students are and what is expected with respect to a continuum of health instruction objectives. The findings from the needs assessment will determine points of student entry into the program.

B. Progress in relation to the cognitive, affective, and psychomotor domains. Health instruction objectives which are classified within the cognitive, affective, and psychomotor domains should be assessed at formative periods during the program to determine student progress.

C. Extent of achievement of goals and objectives at the end of the program. Student goals and objectives which were established at the beginning of the health instruction program should be reexamined at the conclusion of the program to determine the extent to which they were achieved.

D. Progress through varying levels of the program. As students progress from beginning to intermediate and from intermediate to advanced levels within selected content areas of the health instruction program, their progress should be assessed. When this occurs, both their achievements and their needs will be revealed and will provide the basis for further instruction.

II. Program Evaluation

A. Progress of students. The assessment of student progress before, during, and at the conclusion of the health instruction program will serve as a central measure for evaluating the present program. These data also will serve as a basis for planning subsequent instruction.

B. Logical sequencing of skills. The order in which health education skills are presented within the program should be examined prior to as well as during the implementation of the program. The process of "logical sequencing of skills" should be evaluated as an essential part of program management.

C. Flexibility in meeting needs of a variety of learners. The health instruction program must be planned to meet the broad spectrum of learner needs. This type of planning is characterized by flexibility which encompasses not only instruction planned for the class as a whole but also small group and individualized instruction. The degree of flexibility should be assessed both on interim and outcome bases.

D. Management and recordkeeping. It is necessary to assess the extent to which various management activities, including recordkeeping, contribute to the overall program effectiveness.

E. Environmental setting and conditions. The environmental setting and conditions in which the health instruction program is staged are an integral part of the learning situation and should be assessed as part of the total evaluation design. They include characteristics of the learners, their teachers, their classrooms, and other applicable persons, places, and things in the school-community environment.

F. Impact on the total school curriculum. The health instruction program should be evaluated in terms of its contributions to the mission and goals of the total school curriculum. To achieve this end, all phases of evaluation for both health instruction and the total school curriculum should be articulated.

G. Impact on the family and community. Selected health instruction goals and objectives should be assessed in terms of their impact upon family and community health.

Resources for Health Instruction

Many resources are available to help persons who are involved in developing a health education curriculum. Both resources and the sources from which they may be obtained are presented in this section. In addition, the selection and evaluation of resources are discussed.

Types of Resources

- *Personnel.* Health education consultants may be available in local school districts, offices of county superintendents of schools, or nearby colleges and universities to assist in curriculum development. These experts can be very helpful in guiding and assisting the local group in selecting and obtaining the materials most pertinent to a school district's interests and needs.
- *Materials.* California's school districts and offices of county superintendents of schools have the latest guide listing the current state-adopted health instructional materials and textbooks. This guide includes all types of materials, such as textbooks, pamphlets, films, posters, and audiovisual aids.

Special attention should be directed to health and health-related journals which make substantial contributions to those developing health education programs. A list of selected periodicals applicable to health education may be obtained from the School Health Program Component in the California State Department of Education, 721 Capitol Mall, Sacramento, CA 95814.

Types of Sources

- *Governmental.* Federal, state, and local governments have publications which relate to school health. Since these materials are vast in number, local committees may rely on consultant services to obtain the publications which are pertinent to the local school's concerns.
- *Professional and voluntary.* Virtually all voluntary agencies and many professional associations in the health field have materials such as pamphlets, films, cassettes, and posters for health instruction. Local and state representatives, rather than national sources, should be contacted because requests to national sources are usually channeled back to the state, and this often causes considerable delay.

Up-to-date listings of voluntary agencies and professional organizations will be found in many school health textbooks. Offices of county superintendents of schools also may have listings of voluntary agencies, including local addresses.

Many professional and voluntary agencies have health education materials. A state-level listing of voluntary agencies and professional organizations may be obtained also from the School Health Program Component in the California State Department of Education, 721 Capitol Mall, Sacramento, CA 95814.

- *Commercial.* Health education materials are published by many commercial firms.

Selection and Evaluation of Resources

The volume of available health education materials is so great that it is not feasible for local school committees to obtain samples of all of these materials. However, it is essential that local committees develop a plan for securing and evaluating materials that are suitable for classroom use since not all materials contribute to the attainment of stated student objectives. Health education consultants, other curriculum personnel, and librarians may be valuable committee members. Suggestions of criteria for evaluating health education materials may be obtained from the School Health Program Component, California State Department of Education, 721 Capitol Mall, Sacramento, CA 95814.

Appendix A. Field Reviewers

The individuals who participated in the field review of this document are listed in this appendix and are acknowledged for their invaluable contributions. Background data regarding reviewers were obtained from "Citizen Identification Forms," which were completed either by the reviewers or their representatives. When the reviewer represented an organization, the name of that organization has been cited; when the reviewer did not represent an organization, the community in which the person resided is given.

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Appendix B. Selected References

California Administrative Code, Title 5, Education. Sacramento: California State Department of General Services.

California Curriculum Frameworks: A Handbook for Production, Implementation, and Evaluation Activities. Sacramento: California State Department of Education, 1977.

A Discursive Dictionary of Health Care. Prepared by the Subcommittee on Health and Environment of the Committee on Interstate and Foreign Commerce. Washington, D.C.: U.S. House of Representatives, 1976.

Education Code. Sacramento: California State Department of General Services, 1977.

NOTE: The Education Code was reorganized and renumbered through the passage of Assembly Bills 3100 and 3101, Statutes of 1976, and Assembly Bills 447 and 448, Statutes of 1977. Those sections of the Education Code that are referred to in this framework are listed here according to the new section numbers, with brief descriptions of the contents of those parts of the code.

10200-10203 Family Life Education Programs. Recommends that teachers providing family life education receive special training

44806 and 87705 Duty Concerning Instruction of Pupils Concerning Morals, Manners, and Citizenship. Encourages teachers to instruct pupils in manners, morals, and the principles of free government

51202 Instruction in Personal and Public Health and Safety. Requires that the adopted course of study in elementary and secondary schools include instruction in personal and public health and safety

51203 Instruction on Alcohol, Narcotics, and Restricted Dangerous Drugs. Requires instruction on alcohol, narcotics, and restricted dangerous drugs and their effects upon the human system

51210 Courses of Study for Grades One Through Six. Lists mandated instruction in adopted courses of study, including health

51240 Excuse from Health Instruction and Family Life and Sex Education Due to Religious Beliefs. Provides for excusing pupils from specified instruction when in conflict with religious beliefs or moral convictions

51262 Elementary and Secondary Schools: Drug Education Instruction. Requires instruction on drug education and the effects of the use of tobacco, alcohol, narcotics, dangerous drugs, and other dangerous substances

51550 Sex Education Courses. Requires written notification to parents of any classes offered in which human reproductive organs and their functions and processes are described, illustrated, or discussed; provides for parent review of materials; and establishes procedures for parents to exclude their children from such instruction

51820 Venereal Disease Education Classes. Authorizes venereal disease instruction; requires notification to parents of such instruction; provides parents the right to review materials to be used and to exclude their children from instruction

60650 Personal Beliefs. Prohibits administering tests, questionnaires, and surveys about the personal beliefs, practices in sex, family life, morality, or religion of pupils or their families without written permission

Cross Reference of Education Code Section Numbers

New	Old	New	Old	New	Old
10200	7361	51210	8551	60028	9235
10203	7362	51220	8571	60204	9404
51002	7502	51240	8701	60650	10901
51200	8501	51262	8753	87705	
51202	8503	51550	8506	and	13556.5
51203	8504	51820	8507	44806	

- Educational Program Evaluation Assistance Handbook*. Prepared by the Division of Program Evaluation, Research, and Pupil Services, Los Angeles: Office of the Los Angeles County Superintendent of Schools, revised January, 1976.
- Framework for Health Instruction in California Public Schools—Kindergarten Through Grade Twelve*. Prepared by John T. Fodor, Ben C. Gmur, and Wilfred C. Sutton. Sacramento: California State Department of Education, 1970.
- Guidelines for Drug Education Programs in the Schools*. Sacramento: California State Department of Education, 1974.
- Handbook on the Legal Rights and Responsibilities of School Personnel and Students in the Areas of Moral and Civic Education and Teaching about Religion*. Sacramento: California State Department of Education, 1973.
- Hinsie, Leland E., and Robert J. Campbell. *Psychiatric Dictionary* (Fourth edition). New York: Oxford University Press, 1970.
- A Manual for the Control of Communicable Diseases*. Sacramento: California State Department of Public Health, 1971.
- A Psychiatric Glossary* (Fourth edition). Prepared by the Committee on Public Information, American Psychiatric Association. New York: Basic Books, Inc., 1975.
- Webster's New Collegiate Dictionary*. Springfield, Mass.: G. and C. Merriam Co, 1973.
- Webster's Third New International Dictionary, Unabridged: The Great Dictionary of the English Language*. Springfield, Mass.: G. and C. Merriam Co., 1971.

Appendix C. Glossary of Terms

- Accident prevention and emergency health services.** The content area which includes identifying and correcting potential hazards, managing medical emergencies, and providing first aid.
- Affective domain.** Includes awareness, responding, development of value systems, attitudes and appreciations, emotional responses, and satisfactions.
- Anxiety.** A painful or apprehensive uneasiness of mind stemming from stress.
- Broad multidisciplinary goals.** (See *self-awareness, decision making, and coping action*.)
- Cardiopulmonary resuscitation (CPR).** Restoration of adequate ventilation and circulation following a cardiac or respiratory arrest.
- CA. Coping action,** one of the three multidisciplinary goals of the framework.
- Cognitive domain.** Refers to anything to be understood or interpreted, or which has primarily semantic content. It includes acquisition of facts and knowledge, comparisons, organization, analysis, and synthesis.
- Community health.** The content area which concerns the protection and promotion of the well-being of all people. This includes the availability and utilization of health resources and the need for health planning and action at the local, state, national, and international levels. Health careers are included also.
- Concepts.** Generalized ideas which are emphasized in each content area.
- Consumer health.** The content area which includes the evaluation, selection, and use of health information, products, and services; explores costs and benefits to the individual and society for maintaining health; recognizes the impact of economic and environmental factors affecting the quality of living; and considers self-diagnosis and self-treatment, as well as the implications of quackery and faddism.
- Content areas.** The interrelated subject matter units identified within this framework. (See the Contents page in this framework.)
- Content area goals.** General statements of intent associated with each subject matter unit within this framework.
- Coping action.** The ability of the individual to relate effectively in the environment, dealing positively and creatively with life situations, accepting of new experiences, and initiating action.
- Curriculum framework.** An outline of the components of a given course of study designed to provide direction to school districts in the development of instructional programs.
- Decision making.** One of the three multidisciplinary goals of the framework. The act of deciding which course to choose from the available options.
- Diseases and disorders.** The content area which includes the causal factors of diseases and disorders; the extent to which these conditions can be controlled and prevented; and responsible behavior with respect to prevention, early diagnosis, treatment, and control.
- DM. Decision making,** one of the three multidisciplinary goals.
- Emergency health services.** (See *accident prevention and emergency health services*.)
- Environmental health.** The content area which emphasizes the responsibility of the individual, family, and community for developing and maintaining a safe and healthful environment. Factors affecting health, such as natural, technological, and social sources of pollution and hazardous conditions, are included.
- Family health.** The content area which deals with factors that contribute to family living, differing family structures, responsible parenting, and an understanding of human reproduction and human sexuality. Consideration is given to the interpersonal relations in the family.
- Family planning.** Decision making within the family unit concerning the number and spacing of children and the means for implementing these decisions.
- Framework.** (See *curriculum framework*.)
- Gender identity and roles.** An inner sense of conviction toward one's masculinity or femininity; behaviors associated with one's masculinity or femininity.
- Genetic disorders.** The following are definitions of some genetic disorders: *Chromosome abnormalities:* An abnormal chromosomal complement resulting from the loss, duplication, or rearrangement of genetic material. An example would be Down's syndrome; *Rh disease:* A pregnant mother who is Rh negative but is carrying an Rh positive child may produce antibodies against the child in uterus, causing the child

NOTE: The definitions of words and phrases listed in this appendix were derived from source documents appearing in Appendix B, Selected References, and from the contributions of committee members and consultants.

to develop a destruction of blood corpuscles. *Sickle cell anemia*: The red blood cells in our body are given their color by the substance called hemoglobin, which carries oxygen. If individuals have the usual type of hemoglobin (hemoglobin type AA), they have inherited the usual type from each parent. If individuals have inherited hemoglobin S (sickle hemoglobin) from one parent and hemoglobin A from the other parent, they have sickle cell trait (hemoglobin type AS). If they inherit hemoglobin S from each parent, they have sickle cell anemia (hemoglobin type SS); *Tay-Sachs disease*: An inherited genetic disorder causing destruction of the nervous system.

Handicapped. Individuals with physical, mental-emotional, and/or neurological disabilities that impair their functions.

Health. A state of physical, mental-emotional, and social well-being.

Health education. The process of providing learning experiences which prepare and motivate individuals to protect and improve individual, family, and community health. This includes the development of self-awareness, decision making, and coping action.

Human sexuality. The characteristics of femaleness and maleness in relationship to oneself and others throughout life.

Illustrative objectives. Selected examples of goals through which students may demonstrate an understanding of the concepts within each content area.

Life cycle. The period that begins with conception and continues with birth and ends with death. Various stages of growth and development comprise the cycle.

Logo. A symbol. Used in this publication as a sign representing the three multidisciplinary goals: self-awareness, decision making, and coping action.

Mental-emotional health. The content area which includes understanding oneself and others, the effects of stress on the individual, and the promotion and maintenance of life-coping behavior; biological, cultural, social, and environmental influences on mental-emotional health.

Nutrition. The content area which focuses on the interrelationships of the physical, social, mental-emotional, and cultural factors related to food.

Performance objectives. Specific measurable goals which describe exactly what is to be done by students and how well it has to be done. The latter dimension of the definition includes criteria of successful performance.

Personal health. One of the content areas which pertains to individual health, such as wellness, physical fitness and cardiovascular health, rest and sleep, posture and body mechanics, oral health, and vision and hearing.

Psychomotor domain. Refers to complex perceptual motor skills, including listening as well as observable movements and gestures.

SA. Self-awareness, one of the three multidisciplinary goals.

School health program. Consists of health instruction, health services, and healthful school environment.

Self-actualization. Obtaining the potential for one's self-growth and development; a process by which a person strives toward completeness and fulfillment of one's potentialities.

Self-awareness. One of the three broad multidisciplinary goals dealing with an awareness of one's own personality or individuality.

Sexuality. (See *human sexuality*.)

Sexually transmitted diseases (commonly referred to as venereal diseases). Communicable infections usually transmitted by intimate sexual contact; for example, gonorrhea, syphilis, pediculosis (crabs), chlamydia, and genital herpes. Chlamydia is caused by the chlamydia virus (nongonococcal urethritis), and genital herpes is caused by the herpes simplex virus, Type II.

Stress. An emotionally disruptive influence; acute emotional reaction to internal pressures or to severe environmental factors.

Use and misuse of substances. The content area which includes the beneficial use of drugs; dangers of drug abuse; factors which influence their use and misuse; and drug usage as a personal decision. Prescription drugs and nonprescription drugs, tobacco, alcohol, and other toxic substances are included.

Wellness. Quality or state of being in optimal health.

Frameworks Available from the Department



The *Health Instruction Framework for California Public Schools*, which was adopted for use in California by the State Board of Education, is one of a series of curriculum frameworks that are available for purchase from the California State Department of Education.

The frameworks, with date of publication and selling price, are as follows:

- Art Education Framework* (1971) \$.85
- Bilingual-Bicultural Education and English-as-a-Second-Language Education: A Framework for Elementary and Secondary Schools* (out of print; currently being revised)
- California Curriculum Frameworks: A Handbook for Production, Implementation, and Evaluation Activities* (1977) \$.65
- Drama/Theatre Framework for California Public Schools* (1974) \$1.05
- English Language Framework for California Public Schools* (1976) \$1.50
- Foreign Language Framework for California Public Schools* (1972) \$.85
- Health Instruction Framework for California Public Schools* (1978) \$1.35
- Mathematics Framework for California Public Schools* (1975) \$1.25
- Music Framework for California Public Schools* (1971) \$.65
- Physical Education Framework for California Public Schools* (1973) \$.65
- Framework in Reading for the Elementary and Secondary Schools of California* (1973) \$1.25
- Science Framework for California Public Schools* (1970) \$.65 (revision in process)
- Social Sciences Education Framework for California Public Schools* (1975) \$1.10

Another publication that may be of interest to the reader is the *Criteria for Evaluating the School Health Education Program* (1977) \$.65.

Orders should be directed to:

California State Department of Education
P.O. Box 271
Sacramento, CA 95802

Remittance or purchase order must accompany order. Purchase orders without checks are accepted only from government agencies in California. Six percent sales tax should be added to all orders from California purchasers.

A complete list of publications available from the Department may be obtained by writing to the address listed above.